

Clark County Regional Support Network Policy Statement

Policy No.: CM26
Policy Title: Authorization for Adult Crisis Beds
Effective Date: September 1, 2001

Policy: Adult Medicaid enrolled consumers who meet the clinical criteria shall be evaluated for diversion to an adult crisis bed. Referrals for admission to an adult bed shall be screened by the Crisis Team and authorized by a Regional Support Network (RSN) Care Manager. Continued stay is based on clinical criteria and may be authorized up to a maximum of 4 days.

The consumer's case manager shall be responsible for implementing a discharge plan that minimizes the use of a crisis bed so that other consumers in need might benefit from this limited resource. When a consumer is not enrolled in mental health services, the respite facility staff shall fulfill the responsibility of facilitating a timely discharge and referral into appropriate services.

Reference: Clark County Clinical Guidelines 2004, Clark County RSN Policy and Procedure 16: *Authorizations- Adults*, Clark County RSN Policy and Procedure 17: *Appeal of Denial- Adult*, Clark County RSN Policy and Procedure 18: *Authorization Data Requirements*

Procedure:

1. Any Mental Health Professional (MHP) may refer an adult consumer for admission to an adult crisis bed. Referrals are made through the 24- hour Clark County Crisis line (800) 626-8137. Referrals will be directed to a member of the Crisis Team for screening.
2. A Crisis Team MHP shall conduct a face-to-face screening to determine whether the consumer meets the clinical criteria for admission. Admission criteria include:
 - a) The consumer meets the in-patient admission criteria **AND/OR**;
 - b) The consumer is experiencing acute symptoms and/or a deterioration in functioning due to a mental illness **AND**
 - c) If suicidal or homicidal ideation and/or intent of self-harm or harm to others is present, the consumer agrees to contract for safety and the Crisis Respite Facility agrees they can provide a safe environment **AND**
 - d) There are no complicating medical conditions that require skilled nursing or acute medication management services **AND**
 - e) The admission is not solely for the purpose of providing custodial care, step-down services from a hospital, temporary housing, respite for a caregiver or family or for alcohol and drug detoxification services.

3. Once it has been determined that an adult Medicaid enrolled consumer meets the criteria for admission, the Crisis Team will contact the crisis facility to determine bed availability. A consumer with both a mental health diagnosis and a developmental disability will be given priority for admission to an adult crisis bed in the event there is more than one consumer eligible for admission at the same time and there is only one bed available. A non-dually diagnosed consumer may take priority for admission if he/she has a history of more acute hospitalizations than the consumer with developmental disabilities.
4. If there is a bed available, the Crisis Team MHP will complete the *Columbia River Crisis Bed Request form* and fax it to the crisis facility as soon as bed availability is confirmed. The Crisis Team is responsible for tracking respite bed census.
5. The information required for an authorization must be entered in the management information system in time for review by a RSN Care Manager the morning after admission. In addition, a brief clinical narrative must be attached to the enrollment data that summarizes the reason for admission. The clinical narrative must be entered in the management information system in the "Notes" section of the assessment.
6. On weekdays, the first 24 hours of a crisis bed is automatically authorized. A RSN Care Manager will review any stay beyond 24 hours for match with clinical criteria, financial eligibility, and appropriateness. The crisis bed stay may be authorized by a RSN Care Manager for up to a maximum stay of 4 days.
7. On weekends, from 5:00 p.m. Friday to 5:00 p.m. on Sunday, a RSN Care Manager must verbally authorize admission to an adult crisis bed by telephone.
8. Re-authorizations beyond the 4 day maximum will not be approved. However, the Crisis Team may appeal this policy on a case by case basis, if there is imminent risk of hospitalization. (See Clark County RSN policy and procedure #17 Appeal of Denial- Adult Service Elements).
9. Re-admissions to a crisis bed will be subject to the same criteria for admission as outlined in this policy and procedure.
10. The RSN Care Manager will review the financial eligibility and clinical data in the management information system needed for authorization and will approve or deny the request. The Care Manager may contact the Crisis Team or crisis respite facility if more information is needed to process the request.
11. The Crisis Team staff will notify the consumer's case manager of the admission in order to facilitate a timely and coordinated discharge plan if the consumer is enrolled in behavioral health services. If the consumer is not enrolled in services, the crisis bed facility is responsible for discharge planning and referral to appropriate services.

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